



BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 3027

SERIAL NUMBER 10/719,500	FILING DATE 11/21/2003	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. THIBL.001A
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APPLICANTS

Timothy B. Hibler, Fair Oaks, CA;

** CONTINUING DATA *****

This application is a CON of 60/428,397 11/21/2002

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### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

### IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/27/2004

|                                                             |                                                                                                                                                                                         |                           |                        |                       |                            |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>9 | TOTAL<br>CLAIMS<br>54 | INDEPENDENT<br>CLAIMS<br>7 |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS  
20995

KNOBBE MARTENS OLSON & BEAR LLP  
2040 MAIN STREET  
FOURTEENTH FLOOR  
IRVINE , CA  
92614

### TITLE

Cervical medical device, system and method

|                 |                                                                                                                   |                                                                                                                                                                                                                                                                                 |
|-----------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE      | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
| RECEIVED<br>863 |                                                                                                                   |                                                                                                                                                                                                                                                                                 |